

NC-TOPPS November 17 Conference Call Minutes

Roll Call includes those at beginning and end of call

Beacon Center: Becky Brice, Terry Silver, Latoya Lewis

Center Point: John Coble

Crossroads: Teresa Caudle

Cumberland: Rose-Ann Bryda, April Chambers, Tamara Baucom, Migeya Ford, Joe Comer

East Carolina Behavioral Health: Susan Massey

Eastpointe: Leatte Black

Five County: Pam Brantley

Mecklenburg: Paula Cox

Orange-Person-Chatham: Michael Norton

Pathways: Jay Taylor, Janette Noblett

PBH: Bill Rankin, Kelly Shepard Ingram

Smoky Mountain: Charley Barry

Southeastern Center: Diocles Wells

Southeastern Regional: Tammy Powers

Wake County: Tammy Bonas

Division MHDDSAS: Spencer Clark, Shealy Thompson, Becky Ebron

NCSU Center for Urban and Community Affairs: Karen Eller, Jaclyn Johnson, Kathryn Long

NDRI (National Development and Research Institutes, Inc.): Marge Cawley

Reports: SFY 2009 1st Quarter Performance Contract for Updates and Initial Compliance

- 1st Quarter Performance Contract for Updates Report
 - Becky expressed kudos for LMEs as a whole. Compliance has steadily improved since the first quarter of last fiscal year. For this year's first quarter the overall rate is 85%, which is a 10.2 percentage point increase.
 - LMEs can expect the SFY 2009 1st Quarter Report to be posted at the Division's website by the end of November.
- Initial Compliance Report
 - The SFY 2008 3rd Quarter (January-March) and 4th Quarter (April-June) Reports should be delivered into LMEs CDW directories later today.
 - These reports reflect the new methodology. LME personnel are asked to review them. If they have any questions, they should be directed to Ward Condelli with a copy to Becky.

NC-TOPPS LME Superuser Training Update

- All training dates have been cancelled due to budget constraints.
- Jaclyn thanked those who responded to her email requesting input on alternatives to face to face training. Jaclyn referred to her summary of the responses that she had emailed to participants on Friday, November 14th. She briefly reviewed the responses and actions to be taken.
 1. *We are planning on conducting the training via phone. Would you prefer a one on one phone conversation or would you be willing to share the call with other LMEs?*
RESPONSE SUMMARY – Most are willing to share a training call with others. We will look into setting up a conference call for training.
 2. *What other ideas or suggestions do you have about conducting the LME Level Superuser Training?*
RESPONSE SUMMARY – Several folks suggested doing an online training. Others suggested an instructional manual, or a step by step hardcopy, or distribute handouts/instructions, then have a conference call to aid in answering outstanding questions. It was also suggested to have a Raleigh training that people could attend. The management team will review the suggestions and determine how to proceed.

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3. *We are also looking into webinars for future trainings. What is your experience with webinars? Do you feel they are effective? What do you believe to be their pros and cons?*

RESPONSE SUMMARY – Some folks had good experience with webinars; others did not. We will continue looking into using webinars for training.

Plans of Correction (POC) Discussion

- Three LMEs shared what they had done with NC-TOPPS plans of correction: Pathways, SE Regional and East Carolina Behavioral Health.
- Jay Taylor, Pathways, had provided handouts for review as part of his discussion.
 - At this juncture Pathways decided not to do POCs on Initial Interviews compliance. However, the LME is working on a fair process around Initial submissions that will include both Medicaid and IPRS consumers.
 - Pathways provided providers with early and often notice of Updates that were due. Improvement has been seen.
 - Although providers were not happy about the POCs, providers did not find them problematic or negative to do. However, POCs are time consuming for the LME as well for the providers.
- Tammy Powers shared SE Regional LME's process. This LME electronically informed providers with what Updates and Initials were needed. For Initials the LME determines from admission data what NC-TOPPS Initials are required. The notification informs the provider to the required Interview that has not been completed and requests it be submitted within 5 working days. If not done by then, a second notice is emailed out to the CEO giving another 5 days. Once the 10 days have passed and the Initial has not been submitted a referral letter is sent to Provider Relations. At this time they send out a notice with a copy to Quality Management. Once the deadline passes Quality Management gives a status of missing NC-TOPPS to Provider Relations. If not submitted they send a second letter stating if not completed a POC will be required. After the second deadline, if not completed, Provider Relations asks for a POC. So far, this has worked well. Most providers do not want to get a 2nd notice. Overall, about 10 to 12 get passed on to Provider Relations. This is about 15 – 20%. SE Regional has seen compliance improvement with the POCs. (NOTE: Quality Management is working with Provider Relations to change the notice procedure. Quality Management is not in agreement that Provider Relations should send them two notices.)
- Marge Cawley shared East Carolina Behavioral Health's (ECBH) experience. Providers were notified by letter of their past due reports and were given 30 days to complete all outstanding Interviews to avoid a POC.
 - 52 providers received a POC. 51 responded. One provider never submitted a POC. Follow-up monitoring was conducted approximately 60 days following the POC approval.
 - Results at the follow-up included 43 of the 51 approved POCs being closed as these providers no longer have past due Interviews. Technical assistance is being provided to the other 8 providers to aid them in gaining compliance. ECBH noted that at this point in time 35 providers are out of compliance: 11 of these were part of the original 51, 6 are those still receiving technical assistance and 18 are providers who are not part of the original 51.
 - Although ECBH has seen an increase in doing the Interviews, they have not experienced an increase in timeliness compliance.
 - ECBH also shared some obstacles and common problems it encountered. These consisted of providers not completing the correct Interview, providers losing endorsement, therefore, no longer completing NC-TOPPS, and difficulties it had due to LME merger issues.
 - Next steps include providing more training, one of which is set for November 20, for its provider network and for ECBH to continue monitoring its POCs and providers.

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- After a little discussion about the possibility of standardizing POCs across LMEs, it was recommended not to do this. LMEs need flexibility in determining if they want to do POCs and how they want to do them if they decide to do conduct them.
- Jay and Tammy are happy to answer any questions you may have, just email them.
- A question was raised about seeing an improvement in the quality of the data and how the data should be used. Spencer Clark suggested that the data be used by a provider to compare against itself overtime or to compare against other providers who provide similar treatment or services. It should be used in a vein of quality improvement. This discussion led to how Support Incorporated posts consumer outcome data on its website: <http://www.supportinc.org/outcomes.htm>. It posts NC-TOPPS reports as well as data from its client and stakeholder satisfaction surveys.

NC-TOPPS Questions or Concerns

- John Coble, CenterPoint, wanted to know if what he is doing is the best way to approach the following situation. He always checks the State NC-TOPPS' website before “**transferring**” a Consumer to one of our Provider Agencies; to ensure that the Consumer hasn't been seen by another Provider in the past 60 days and to make sure that the Consumer isn't assigned to more than one Primary Provider Agency. **IF**, it appears that the Consumer is still “active” with an existing Provider, he shares such with the requesting/new Provider and encourages them to contact the other Agency and determine who/which Provider can best serve the Consumer. He has only run across this scenario three(3) times since this Fiscal Year '09 started with the revised Guidelines and always offers one of our Care Coordinators to “mediate” if necessary (to date, such has not been required) for an appropriate disposition/resolution. The management team agreed with John's approach.

Workgroups: Online Tool Improvement and Development of Useful Tools (e.g. Aftercare Tool) Update

- Marge shared that we have nine volunteers for the Development of Useful Tools Workgroup and only two for the Online Tool Improvement group.
- We plan to have approximately three meetings with the first being a face to face and the following ones conducted by telephone and email.
- Marge will be contacting volunteers by the end of this week.

Input for Website's Frequently Asked Questions

- Jaclyn asked for input on Frequently Asked Questions (FAQs) that will be posted on the website. She asked that suggestions be provided to her (Jaclyn_Johnson@ncsu.edu) by the end of the first week in December.
- It was suggested that LMEs could blind copy Jaclyn on responses to providers during this time so CUACS staff can assess what is being asked.

Concluding Remarks

- Jay Taylor asked for an update on the dashboard status. Karen shared that it is really close to being implemented. CUACS is awaiting the software license and working out some details.
- Participants were reminded of the day and time of December's call.
- They also were asked to email Marge (Cawley@ndri-nc.org) or Jaclyn (Jaclyn_Johnson@ncsu.edu) with any agenda suggestions.

Next Meeting:

- December 15, Monday, 1:30 to 2:30 p.m.